

ST. PHILIP THE APOSTLE CATHLIC SCHOOL SUMMER CAMP REGISTRATION

Please complete this form and turn it in to the Front Office.

Use the second page to enroll additional children.

CHILD'S NAME _____

AGE _____ GRADE (SY 2020-2021) _____

SCHOOL _____

I am interested in enrolling my child in camp for:

_____ SESSION I ONLY (4 WEEKS)

_____ SESSION II ONLY (4 WEEKS)

_____ BOTH SESSIONS (8 WEEKS)

The camp will be open to grades PreK3 through 5.

Please return this form no later than March 27, 2020.

Please contact Ms. Jan M. Roe, Camp Director if you have any questions. (301) 423-4740.

ADDITIONAL CAMPERS

CHILD'S NAME _____

AGE _____ GRADE (SY 2020-2021) _____

SCHOOL _____

CHILD'S NAME _____

AGE _____ GRADE (SY 2020-2021) _____

SCHOOL _____

CHILD'S NAME _____

AGE _____ GRADE (SY 2020-2021) _____

SCHOOL _____